

Case Number:	CM15-0187369		
Date Assigned:	09/29/2015	Date of Injury:	10/04/1990
Decision Date:	11/12/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 10-4-90. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculitis, cervical spondylosis and chronic pain syndrome. Medical records dated 3-12-15 indicate 3-8 out of 10 pain. The physical exam (6-17-15 through 7-29-15) revealed cervical active range of motion is restricted to 70% of normal. Treatment to date has included Tizanidine, Cymbalta, Skelaxin and Prevacid. As of the PR2 dated 8-11-15, the injured worker reports cervical and thoracic pain. He rates his pain 8 out of 10. The treating physician noted that the injured worker has "had physical therapy, traction and chiropractic treatment with no improvement in his symptoms". Objective findings include "limited" cervical range of motion, tenderness to palpation in the posterior cervical area and 5 out of 5 strength in all upper extremity myotomes. The treating physician requested physical therapy x 12 sessions. The Utilization Review dated 8-27-15, non-certified the request for physical therapy x 12 sessions and certified the request for a pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The attending physician report dated 8/22/15 indicates the patient has chronic neck, upper back and low back pain. His primary concern at this time is neck pain radiating into the arms bilaterally. The current request for consideration is 12 physical therapy sessions. The attending physician in his report dated 8/27/15, agrees with the surgical consultation which recommends physical therapy and interventional procedures prior to proceeding with surgery. The CA MTUS does recommend physical therapy at a decreasing frequency, and a transition into a fully independent home-based exercise program. CA MTUS guidelines also indicate that additional physical therapy may be indicated with documentation of objective functional improvement. CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate that the patient has completed physical therapy in the past without benefit. The current request for 12 physical therapy sessions exceeds the MTUS guidelines which recommend 9-10 visits over 8 weeks. As such, the available medical records do not establish medical necessity.